



Arkansas Board of Parole  
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ADMINISTRATIVE DIRECTIVE: 08-04 Employee Training

TO: ARKANSAS BOARD OF PAROLE

FROM: LEROY BROWNLEE, CHARIMAN

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APPROVED: SIGNATURE ON FILE EFFECTIVE DATE: January 1, 2009

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**I. APPLICABILITY.** This directive applies to all Arkansas Board of Parole (ABP) Commissioners, Hearing Examiners, and Support Staff. Repeated violations of this directive may result in disciplinary sanctions up to, and including, termination.

**II. POLICY.** The ABP provides its employees with opportunities to gain the necessary knowledge, skills, abilities, and information to perform their duties in accordance with the agency mission while meeting the accreditation standards of the American Correctional Association (ACA).

### **III. DEFINITIONS.**

**A. In-Service Training.** Training (other than employee orientation) intended to enhance the performance and capabilities of current employees.

**B. Orientation.** A mandatory training program for new ABP employees and provided after employment but prior to full job assignment.

**IV. GUIDELINES.** The Training Coordinator is responsible for coordinating the training of all ABP employees. When necessary, the Training Coordinator will be backed-up by Human Resources.

**A. Minimum Training Requirements.** The Training Coordinator is responsible for establishing and maintaining a system for documenting compliance with ACA training standards. The Training Coordinator must ensure that all employees comply with training requirements. Supervisors must ensure that employees under their supervision comply with training requirements. Minimum training requirements for the various categories of ABP employees are described in Attachment 1. Supervisors may choose to require more hours than mandated by ACA. Employees must complete their required training hours during their performance evaluation rating periods.

1. New Employee Orientation. Human Resources will ensure that the orientation for all new employees and rehires will be completed by appropriate staff within the first 40 hours of employment. Human Resources will provide to the responsible staff the instructions and form(s) necessary to complete the

orientation. Once completed the necessary form(s) will be forwarded to the Training Coordinator.

2. Annual In-Service Training. Supervisors are responsible for planning, obtaining approval, and facilitating credit approval for their employees' annual training. Employees are responsible for attending training, providing documentation of attendance, and submitting attendance documentation to their supervisors.

**B. Training Administration.** Supervisors are responsible for ensuring employees meet their training requirements. Training must meet the needs of the agency and comply with ACA standards.

1. Training Assessment and Planning. The Training Coordinator will conduct and submit a written annual training assessment during the first month of each training year. The training assessment will include current and projected job-related training needs. The Training Coordinator will use the results of the assessment to develop and maintain a training plan. The assessment and plan must be reviewed and approved by the Board Chairman annually.
2. Attendance and Participation. Students must follow all guidelines established by the instructor or agency providing training.
3. Records. The Training Coordinator will maintain attendance records for all ABP staff training.
4. Scheduling and Posting of Training. The Training Coordinator shall schedule training courses and identify requirements for completion for all employees reporting directly to the Board Chairman. The Training Coordinator shall provide and maintain an agency-wide training calendar of scheduled and planned training programs.
5. Maintenance and Security of Employee Training Files. The Training Coordinator shall establish and maintain employee training files in an electronic data system and in a hardcopy file. All files, regardless of medium, are to be secured at all times and only accessible to the Board Chairman, Human Resources, the employee, and their supervisor. At the end of employment with ABP, the training files will be merged with all other personnel records and maintained by Human Resources.

**C. Travel Arrangements for Training Participants.** Each employee is responsible for making their travel arrangements and completing a TR-1 for reimbursement. All TR-1s must have receipts attached.

1. Meals and Lodging. Reimbursements or Per Diem rates will be in accordance with State guidelines which are based on the General Service Administration (GSA) Federal Travel Regulations.
2. Transportation. State vehicles are recommended for use when traveling to training events. An employee who chooses not to take an available state vehicle will not be reimbursed for mileage driven without prior approval of the travel supervisor. Mileage reimbursement will be based on the shortest distance (from work station to location or from home to location).

**D. Training Resources.** The Training Coordinator shall make the agency training schedule electronic and accessible to ABP employees. To meet training requirements, supervisors are encouraged to use national, state, and local resources, e.g. local libraries, corporations, colleges, schools, and other state agencies.

**E. Recommending Training Programs.** Supervisors are encouraged to review the annual training plan prepared by the Training Coordinator for the available annual training programs. If there are specific training needs not addressed in the assessment, the Training Coordinator must be notified in writing.

**F. Requests and Approval of Training.** All training not presented by the ABP requires prior approval which can be obtained by completing the "Training Request Form" (attached). Failure to obtain approval before attending may result in the employee paying for the course and/or not receiving credit. The form should be completed in the following order:

1. Employee Requesting Training (complete course information)
2. Employee's Immediate Supervisor (approval signature)
3. Training Coordinator (approval signature)
4. Agency Fiscal Manager (signature required if there is a cost or if a state vehicle is requested)
5. Board Chairman (approval signature)

NOTE: This process does not replace any registration requirements mandated by other providers (e.g. Department of Finance & Administration - Inter Agency Training Program, Department of Correction, or Department of Community Correction).

#### **G. Training Credit**

1. All classes must be job related and successfully completed in order to receive credit.
2. The Training Coordinator will update the employee's training file with the appropriate amount of credit after receipt of documentation showing completion.
3. If an employee attends a conference, seminar, meeting, etc. on their personal time they may request credit for that portion which is job related training. Upon completion of the training activity, the employee must submit documentation of that fact, along with the Training Request Form, to their immediate supervisor. The supervisor will request a review by the Board Chairman and he/she will make the determination of credit. If approved, the documentation will be given to the Training Coordinator to update the training file.

#### **V. ATTACHMENTS**

Attachment 1	Minimum Required Training Hours
Attachment 2	Employee Acknowledgement
AD 08-04 Form 1	Training Request Form

**Arkansas Board of Parole  
Minimum Required Training Hours  
as of December 1, 2008**

<b>Position</b>	<b>Orientation Hours</b>	<b>Annual Training Hours</b>
Board Members	40	40
Hearing Examiners	40	40
Office Administrator (MPA 2)	40	40
Fiscal Manager	40	40
User Support Analyst	40	40
Investigator	40	40
All full-time staff considered clerical by OPM title	40	16

**Employee Acknowledgement of Employee Training Policy**

Please acknowledge by signing that you have received, read, and understood the Arkansas Board of Parole Policy: **Administrative Directive: 08-04 Employee Training**

All employees or officials of the Arkansas Board of Parole are responsible for complying with all pertinent policies. The Fiscal Manager will place a signed copy of this form in your personnel file.

This form must be signed and returned to the Fiscal Manager within five days after hire or receipt of the above policy.

Employee Confirmation:

_____	_____	_____
<b>PRINT NAME</b>	<b>DATE</b>	<b>SIGNATURE</b>

Supervisor Confirmation:

_____	_____	_____
<b>PRINT NAME</b>	<b>DATE</b>	<b>SIGNATURE</b>

Arkansas Board of Parole  
Training Request Form  
**PLEASE PRINT THIS FORM**

Use this form to request training attendance approval and credit for non-ABP training activities. This form is to be submitted as indicated in "AD 08-04 Employee Training" before taking the training. Attach any necessary documentation. You will be given a copy for submission when training is completed as described in the "Request for Credit Approval" section below.

Employee's Name _____	Personnel Number _____
Employee's Section _____	Request Date _____
Course Title _____	Training Sponsor _____
Training Location _____	Training Date(s) _____

Briefly describe how this program will support your current responsibilities or future goals for your position:

\_\_\_\_\_

\_\_\_\_\_

Will this information be shared with other agency staff ☐ YES ☐ NO

If yes, how will you share? \_\_\_\_\_

**REQUEST FOR COURSE APPROVAL**

Approval & Signature indicates that the training is job-related

Supervisor	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	_____	_____
			Signature	Date
Training Coordinator	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	_____	_____
			Signature	Date

**COMPLETE THIS SECTION ONLY IF AGENCY FUNDS OR A STATE VEHICLE IS REQUIRED**

The employee is responsible for making any necessary travel arrangements after receiving approval.

ESTIMATED COST

Transportation \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

For Fiscal Section Use Only

Is a state vehicle available? ☐ YES ☐ NO

Are funds available? ☐ YES ☐ NO

\_\_\_\_\_

Agency Fiscal Manager's Signature Date

**NOTE: Please add supporting documentation for out-of-state travel.**

Board Chairman	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	_____	_____
			Signature	Date

**REQUEST FOR CREDIT APPROVAL**

Submit the copy retained, with this section completed, upon completion of training.

Training Hours Requested \_\_\_\_\_ ☐ Certificate Attached

☐ No certificate issued, but I have initialed (on the attached agenda) the classes that I attended.

☐ I certify that I partially participated in the training described above by attending only \_\_\_\_\_ hours.

☐ I have initialed (on the attached agenda) the classes that I attended.

Requesting Employee's  
Initials

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Training Coordinator's Signature

\_\_\_\_\_  
Board Chairman's Signature